

## BEE STING INFORMATION FORM

Dear Parent/Guardian of \_\_\_\_\_ ,

The following information is requested as an update on students known to have an allergic reaction to bee stings or insect stings. Please obtain the advice of your physician, complete this form and return it to the school nurse. Having a planned procedure of care for your child will save time in an emergency situation.

**Please check the status of your child's problem:**

- My child has a localized reaction at swelling site of sting.
- My child has a severe reaction which has required medical care.
- My child has begun desensitization treatment (allergy shots).
- My child is on maintenance dose of desensitization.
- My child has not been desensitized.

**Please check the procedures to follow:**

- Apply ice & observe closely for 15 minutes.
- Notify parent
- Give medication as prescribed by child's physician. (Parent must provide written orders from physician with the medication.)
- Rush my child to the hospital immediately when stung.
- My physician has ordered epinephrine to be administered. I will provide the kit and physician's written order. (Form attached.)
- My child has been taught to administer his own shot of epinephrine and may do so.

\_\_\_\_\_  
Certified School Nurse

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_